



# Request for Student to Leave Laboratory

(See Article 1.8.3 of the Graduate School Policy Handbook)



*This form is submitted to the Graduate School, Room N204*

Student Name: \_\_\_\_\_ BCM ID #: \_\_\_\_\_

Graduate Program: \_\_\_\_\_ Are you in the MD/PhD program?  Yes  No

Request Initiated by:  Advisor  Student Effective date: \_\_\_\_\_

### Student's Authorship on Future Publications

Attach an agreement regarding the student's authorship on future publications. The agreement should be signed by the student and the current advisor. If none of the student's research will appear in a publication, the agreement should indicate this. This agreement should follow the authorship policies of GSBS (article 9.12) and the College (BCM 02.9.40).

Signed agreement is attached

### Additional Information

Empty box for additional information.

Student: \_\_\_\_\_  
Signature Date

Advisor : \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

### Required Approvals

	Printed Name	Signature	Date
Graduate Program Director:			
Graduate Program Administrator:			
Department HR Administrator:			
Dean of the Graduate School of Biomedical Sciences:			
Advisory Committee Members:			